Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM DMAR 2 6 2004

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden

hours per form

SEC USE ONLY						
Prefix	Serial					
DATE R	ECEIVED					

Name of Offering (☐ check if this is a Sale and issance of Series D Prefer					sion of the Series D I	Preferred Stock)
Filing Under (Check box(es) that apply): □ Rule 504	□ Rule 505	≥ R	Rule 506	☐ Section 4(6)	□ ULOE
Type of Filing: New Filing	■ Amendment					
	A. BASIC	IDENTIFICATIO	N DAT	Ά		
1. Enter the information requested about	out the issuer					
Name of Issuer (check if this is a	an amendment and name ha	s changed, and indi-	cate cha	inge.)		
Vendavo, Inc.						
Address of Executive Offices	•	t, City, State, Zip C			ne Number (Including A	rea Code)
1001 Elwell Court, Palo Alto, CA 94					54-8880	
Address of Principal Business Operatio	ns (Number and Stree	t, City, State, Zip C	ode)	Telephor	ne Number (Including A	rea Code)
(if different from Executive Offices)						
Brief Description of Business						BBACECCEN
Software development						PROCESSED
						- 00 0001
Type of Business Organization						MAK SA KONA
	☐ limited partnership, alre				other (please specify):	
☐ business trust	☐ limited partnership, to b	e formed				THOMSON FINANCIAL
		Month	Y	ear		LILE TILE CONTRACT
Actual or Estimated Date of Incorporation	on or Organization:	1 1	9	8	■ Actual □ Estimate	ed
Jurisdiction of Incorporation or Organiza	ation: (Enter two-letter U.S	. Postal Service abb	oreviatio	on for Sta	ate:	
CN for C	Canada; FN for other foreig	n jurisdiction)			DE	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: · Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Rapperport, Jamie Business or Residence Address (Number and Street, City, State, Zip Code) c/o Vendavo, Inc., 1001 Elwell Court, Palo Alto, CA 9430 Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Sommer, Joshua Business or Residence Address (Number and Street, City, State, Zip Code) c/o Vendavo, Inc., 1001 Elwell Court, Palo Alto, CA 9430 □ Promoter ■ Beneficial Owner Check Box(es) that Apply: ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Woodson, Wade Business or Residence Address (Number and Street, City, State, Zip Code) c/o Sigma Partners, 1600 El Camino Real, Suite 280, Menlo Park, CA 94025 ☐ Executive Officer Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Blaisdell, Thomas Business or Residence Address (Number and Street, City, State, Zip Code) c/o Doll Capital Management, 2420 Sand Hill Road, Suite 200, Menio Park, CA 94025 Executive Officer ☑ Director Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ General and/or Managing Partner Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Interwest Partners, 3000 Sand Hill Road, #3-255, Menlo Park, CA 94025

Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer

Full Name (Last name first, if individual)

Nash, H. Ronald

Crites, Alan

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Interwest Partners, 3000 Sand Hill Road, #3-255, Menlo Park, CA 94025

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

□ Director

☐ General and/or Managing Partner

4	A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:		

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

 Each general and mana 	aging partner of par	tnership issuers.			
Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
SIGMA PARTNERS IV, L	P., SIGMA ASS	OCIATES IV, L.P. and SIG	MA INVESTORS IV, L.P.		
Business or Residence Add	ress (Number and	Street, City, State, Zip Code)		
1600 El Camino Real, S	Suite 280, Menlo I	Park, CA 94025			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)		····		
AFFILIATES FUND	II, L.P. and DCM	II ANNEX FUND, L.P.	RK FUND, L.P., DCM INTE	RNET FUND, L.P.,	DOLL TECHNOLOGY
Business or Residence Add	ress (Number and	Street, City, State, Zip Code)		
2420 Sand Hill Road, S	uite 200, Menlo P	ark, CA 94025			
Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
INTERWEST PARTNER	S VII, L.P. and IN	ITERWEST INVESTORS \	/II, L.P.		
Business or Residence Addr	ress (Number and	Street, City, State, Zip Code)		
3000 Sand Hill Road, M	enlo Park, CA 94	025			
Check Box(es) that Apply:		☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
ST. PAUL VENTURE CAPITA			ITAL V, LLC, ST. PAUL VE	ENTURE CAPITAL	VI, LLC and ST. PAUL
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code)		
10400 Viking Drive, Suit	te 550, Eden Prai	re, MN 55344			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
FUND, L.P.			RS' FUND, L.P. and SPEC	TRUM III INVESTI	MENT MANAGERS'
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code)		
333 Middlefield Road, S	uite 200, Menlo F	ark, CA 94025			
	(Use blan	k sheet, or copy and use addi	tional copies of this sheet, as	necessary.)	

B. INFORMATION ABOUT OFFERING		
	Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?		×
Answer also in Appendix, Column 2, if filing under ULOE.		
2. What is the minimum investment that will be accepted from any individual?	\$ <u>1,0</u>	00.00
2. Do and a CC to a serial acceptable of a simple units	Yes	No
3. Does the offering permit joint ownership of a single unit?		×
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		<u> </u>
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	☐ All [ID] [MO] [PA] [PR]	States
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	☐ All [ID] [MO] [PA] [PR]	States
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Dushiess of Residence Address (Funder and Street, City, State, 21p Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	☐ All [ID] [MO] [PA]	States

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

a c	Enter the aggregate offering price of securities included in this offering and the total amount lready sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, heck this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Alread Sold
	Debt	_		
	Equity			
	☐ Common 图 Preferred	<u> </u>	<u> 20</u>	30,983,290.93
(Convertible Securities (including warrants)	\$		\$
F	Partnership Interests	\$		
(Other (Specify)	\$		\$
	Total	\$_7,000,000.2	<u>6</u>	\$6,985,296.93
	Answer also in Appendix, Column 3, if filing under ULOE.			
o tl	Enter the number of accredited and non-accredited investors who have purchased securities in this affering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
	Accredited Investors	Number Investors 22		Aggregate Dollar Amount of Purchases
				\$6,985,296.93
	Non-accredited Investors			\$
	Answer also in Appendix, Column 4, if filing under ULOE.		_	\$
S	f this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505			\$
	Regulation A		_	\$
	Rule 504			\$
	Total			\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs	••••••		S
	Legal Fees		×	\$60,000.00
	Accounting Fees			\$
	Engineering Fees			\$
	Sales and Commissions (specify finders' fees separately)	,		\$
	Other Expenses (identify)			\$
	Total		×	\$ 60,000.00

	b. Enter the difference between the aggregate offering price in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is	USI	E OF PR	OCEED	<u> S</u>	
5.	the "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.					\$6,940,000.2d
		_	Payme Offic Direct Affil	ers, ors, & iates		Payments to Others
	Salaries and fees					
	Purchase of real estate		\$			\$
	Purchase, rental or leasing and installation of machinery and equipment		\$			\$
	Construction or leasing of plant buildings and facilities		\$			\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$			\$
	Repayment of indebtedness		\$			\$
	Working capital		\$		×	\$6,940,000.26
	Other (specify):		\$			\$
			\$			\$
	Column Totals		\$	0	×	\$6,940,000.26
	Total Payments Listed (column totals added)		1	≥ \$6,9	40,0	00.26
	D. FEDERAL SIGNATURE					
ollo	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If wing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Excl staff, the information furnished by the issuer to any non-accredited investor pursuant to paragrap	nange	e Commi	sion, up		
ssue	r (Print or Type) Signature			Date		
√en	davo, Inc.			Mar	<u>ch 2</u>	5, 2004
Nam	e of Signer (Print or Type) Title of Signer (Print or Type)					
Josi	ua Sommer Chief Financial Officer				·	
	ATTENTION					
	Intentional misstatements or omissions of fact constitute federal criminal v	iola	tions. (See 18	J U.S	s.C. 1001.)